

NEW OR ADDITIONAL OFFICE APPLICATION

Company Name: _____

Company Code: _____

Contact Name: _____

Phone: _____

Address of Office Facility

To Be Inspected: _____

Is this application being made as a result of a move? [] yes [] no

Is this application for an additional office location? [] yes [] no

Please note that if this application is for an additional office location, and the location is approved you will be required to submit an additional deposit on this facility equal to one “member’s portion” of a physical damage deductible, corresponding to the rate per repossession paid on the most recently submitted monthly report.

_____ (Initial)

Also, please note that the monthly minimum reporting requirement is increased with each additional office or storage location added.

_____ (Initial)

****When submitting this application please don’t forget to include the \$200 application fee, photos and a copy of your lease agreement. New or additional storage facilities are subject to a facility inspection by an independent adjuster. Additional office facilities are not listed in the directory; however they may be listed as needed on a certificate of insurance.**

1. Is inspected location in? [] Commercial [] Industrial [] Residential [] Rural area.

2. Is office location? [] Owned [] Rented/leased

If rented/leased please provide name of landlord: _____

3. Type of structure? *Check all that applies* [] Brick/Masonry [] Wood frame [] Metal
[] Mobile home [] Stand alone building [] Office building [] Office trailer [] Private residence
[] Apartment

4. Is any portion of the structure used as a personal residence? [] Yes [] No *if yes describe:*

5. Brief description of general neighborhood surrounding office: _____

6. Are premises well maintained and free of hazards? [] Yes [] No *Comments:* _____

7. Is there a separate entrance for debtors retrieving vehicle or personal property? [] Yes [] No

8. Number of employees: ____ office: ____ field adjusters: ____ Other: ____ Total # of all employees: ____

9. Do you currently have a separate insurance policy to cover the businesses owned property (i.e. building and contents)? [] yes [] no If yes, please provide name of carrier: _____

Note: The master policy provided through RSIG does not provide coverage for your building and contents, other than debtor’s personal property, which provides \$3500.00 for property of others, subject to a \$1000.00 deductible.

Please be sure to include the inspection fee with your submission.
If office and storage are at the SAME location, the fee is \$200
If the office and storage are at DIFFERENT locations, the fee is \$275.

NEW OR ADDITIONAL STORAGE FACILITY APPLICATION

Company Name: _____

Company Code: _____

Contact Name: _____

Phone: _____

Address of Office Facility

To Be Inspected: _____

Is this application being made as a result of a move? [] yes [] no

Is this application for an additional office location? [] yes [] no
Please note that if this application is for an additional office location, and the location is approved you will be required to submit an additional deposit on this facility equal to one “member’s portion” of a physical damage deductible, corresponding to the rate per repossession paid on the most recently submitted monthly report. _____ (Initial)

Also, please note that the monthly minimum reporting requirement is increased with each additional office or storage location added. _____ (Initial)

****When submitting this application please don’t forget to include the \$200 application fee, photos and a copy of your lease agreement. New or additional storage facilities are subject to a facility inspection by an independent adjuster. Additional office facilities are not listed in the directory; however they may be listed as needed on a certificate of insurance.**

1. Is storage location? [] Owned [] Rented/leased
If rented/leased please provide name of landlord: _____
2. Is storage facility shared with any other person or company? [] Yes [] No; *If yes, please describe circumstances of shared location:* _____
3. Is vehicle storage facility: [] Inside [] Outside [] Combination of both *If inside storage please comment on type of structure, building material, safety features, general size and approximately number of vehicles it will hold.*

4. Does the outside storage facility have a fence? [] Yes [] No
Is the fence? [] Wood [] Metal [] Chain link [] Barb wire [] Other (describe): _____
Is fence topped with barbed wire? [] Yes [] No # of strands of barb wire? _____
Is razor wire used? [] Yes [] No If yes describe: _____

5. What is the maximum number of vehicles that will be stored at one time? _____
6. Indicate total number of vehicles currently stored (indoors or outdoors)? _____
7. Are debtors permitted on the lot for any reason? [] yes [] no; If yes, please explain: _____

8. Does the facility have: [] cameras [] alarm system [] lights [] dogs [] on-site security
9. Please describe special security measures/procedures for ATV’s/motorcycles/equipment/high-end vehicles, if any:

Note: The master policy provided through RSIG does not provide coverage for your building and contents, other than debtor’s personal property, which provides \$3500.00 for property of others, subject to a \$1000.00 deductible.

Please be sure to include the inspection fee with your submission.
If office and storage are at the SAME location, the fee is \$200
If the office and storage are at DIFFERENT locations, the fee is \$275.

RECOVERY SPECIALIST INSURANCE GROUP

"REMOVE THE LIABILITY BEFORE REMOVING THE VEHICLE"

PAYMENT AND CREDIT CARD CHARGE AUTHORIZATION FORM

Company Code: _____

Date: _____

Company Name: _____

- | | |
|--|--|
| <input type="checkbox"/> New Member Application Fee | <input type="checkbox"/> New/Additional Office or Storage Inspection Fee |
| <input type="checkbox"/> Certification Course Registration Fee | <input type="checkbox"/> Annual Seminar Registration Fee |
| <input type="checkbox"/> Membership Dues | <input type="checkbox"/> Deductible |

Total Amount to be charged to account: \$ _____ Invoice #: _____
(If paying from invoice, enter the invoice number here)

Name As it Appears on Card: _____

We MUST have your complete address below and this MUST match the billing address for the Credit Card being used.

Cardholder Billing Address: _____

City, State Zip: _____

Type of Card: Visa MasterCard

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Verification Code: _____
(Verification Code is the 3 or 4 digit code listed on the back of your card.)

Cardholder Signature: _____

**Signing this form authorizes IG., Inc./RSIG to charge above listed credit card for total amount shown.
RSIG will use this card for this transaction only.**

Internal Office Use Only:

Date Processed: ____/____/____

Initials of Person Processing Pmt: _____

Authorization Code: _____

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If the office and storage are at DIFFERENT locations, the fee is \$275.